FACILITY NAME AND PERMIT NUMBER: Ferrum Water & Sewage Authority 00292501 ~~00 2925~~

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name: Ferrum Water and Sewage Authority

Mailing Address: P.O. Box 40

Contact Person: James "J.J." G. Keith II

Title: Plant Administrator

Telephone Number: (540) 365-2193

Facility Address (not P.O. Box): 330 Old Ferrum Road, Ferrum, VA 24088

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name: _____

Mailing Address: _____

Contact Person: _____

Title: _____

Telephone Number: ( ) _____

Is the applicant the owner or operator (or both) of the treatment works?

☐ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA0029254	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Ferrum	5,000	Separate	FWSA

Total population served 5,000

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A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.400 mgd

		Two Years Ago	Last Year	This Year
b.	Annual average daily flow rate	0.119 MGD	0.116 MGD	0.116 MGD
c.	Maximum daily flow rate	0.499 MGD	0.519 MGD	0.443 MGD

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s) 0 mgd

Is discharge ☒ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a,** go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number **001**

b. Location **Ferrum** (City or town, if applicable) **24088** (Zip Code)

Franklin (County) **VA** (State)

N 36° 55. 602' (Lattitutde) W 80° 00. 634' (Longitude)

c. Distance from shore (if applicable) **0** ft.

d. Depth below surface (if applicable) **0** ft.

e. Average daily flow rate **0.116** mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)

If yes, provide the following information:

Number f times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

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A.10. Description of Receiving Waters.

a. Name of receiving water **Storey Creek**

b. Name of watershed (if known) _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable)
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:

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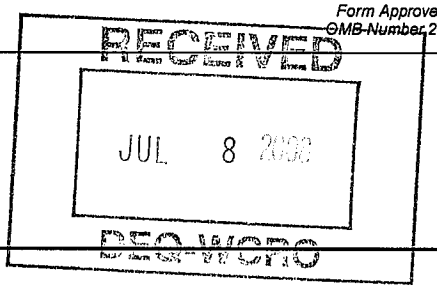

A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary

☒ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal _____ %

Design SS removal _____ %

Design P removal _____ %

Design N removal _____ %

Other _____ _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

Sodium hypochlorite

If disinfection is by chlorination is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration? ☒ Yes ☐ No

A.12 Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.72	s.u.			
pH (Maximum)	7.67	s.u.			
Flow Rate	0.168	MGD	0.087	MGD	30
Temperature (Winter)	11.7	Celsius	8.2	Celsius	28
Temperature (Summer)	23.5	Celcius	21.5	Celsius	30

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	24.60	mg/L	3.40	mg/L	156	SM 18th ED. 5210B	5.0 mg/L
	CBOD5							
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)		21.00	mg/L	2.02	mg/L	156	SM 18th ED. 25401D	1.0 mg/L

FACILITY NAME AND PERMIT NUMBER:

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BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

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B.1. Inflow and Infiltration. **Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.**

16,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Monitoring of collection system during rainfall events. Visual inspection and physical measurements taken.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within ¼ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: ( ) _____

Responsibilities of Contractor: _____

B.5. Scheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER:

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c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	/ /	/ /
- End Construction	/ /	/ /
- Begin Discharge	/ /	/ /
- Attain Operational Level	/ /	/ /

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e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly:

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	14.1	mg/L	3.29	mg/L	12	SM 4500NH3-F 18th ed.	0.2 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	0.00	mg/L	0.00	mg/L	366	Hach 8167	0.01 mg/L
DISSOLVED OXYGEN	13.94	mg/L	7.99	mg/L	366	SM 4500-O-G 18th ed.	0.5 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	14.5	mg/L	9.1	mg/L	3	SM 4500-NorgC-NH3F 18th ed.	0.2 mg/L
NITRATE PLUS NITRITE NITROGEN	2.9	mg/L	1.7	mg/L	3	EPA 200.9	1.0 mg/L
OIL and GREASE	<5.0	mg/L	<5.0	mg/L	3	SM 1664A	5.0 mg/L
PHOSPHORUS (Total)	2.26	mg/L	1.15	mg/L	3	EPA 365.1	0.10 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	298	mg/L	251	mg/L	3	SM 2540C 18th ed.	10 mg/L
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: James "J.J." G. Keith II, Plant Administrator

Signature:

Telephone number: (540) 365-2193

Date signed: 7-7-2008

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

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VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Ferrum Water and Sewage Authority
   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Y (N)

3. **Provide the tax map parcel number for the land where the discharge is located.** Franklin Co. Parcel ID- 080000990/

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. **What is the design average effluent flow of this facility?** 0.400 MGD

   In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y (N)
   If "Yes", please identify the other flow tiers (in MGD) or production levels: _____
   Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
   Domestic, commercial, industrial

   90% of flow from domestic connections/sources
   Number of private residences to be served by the treatment works: _____

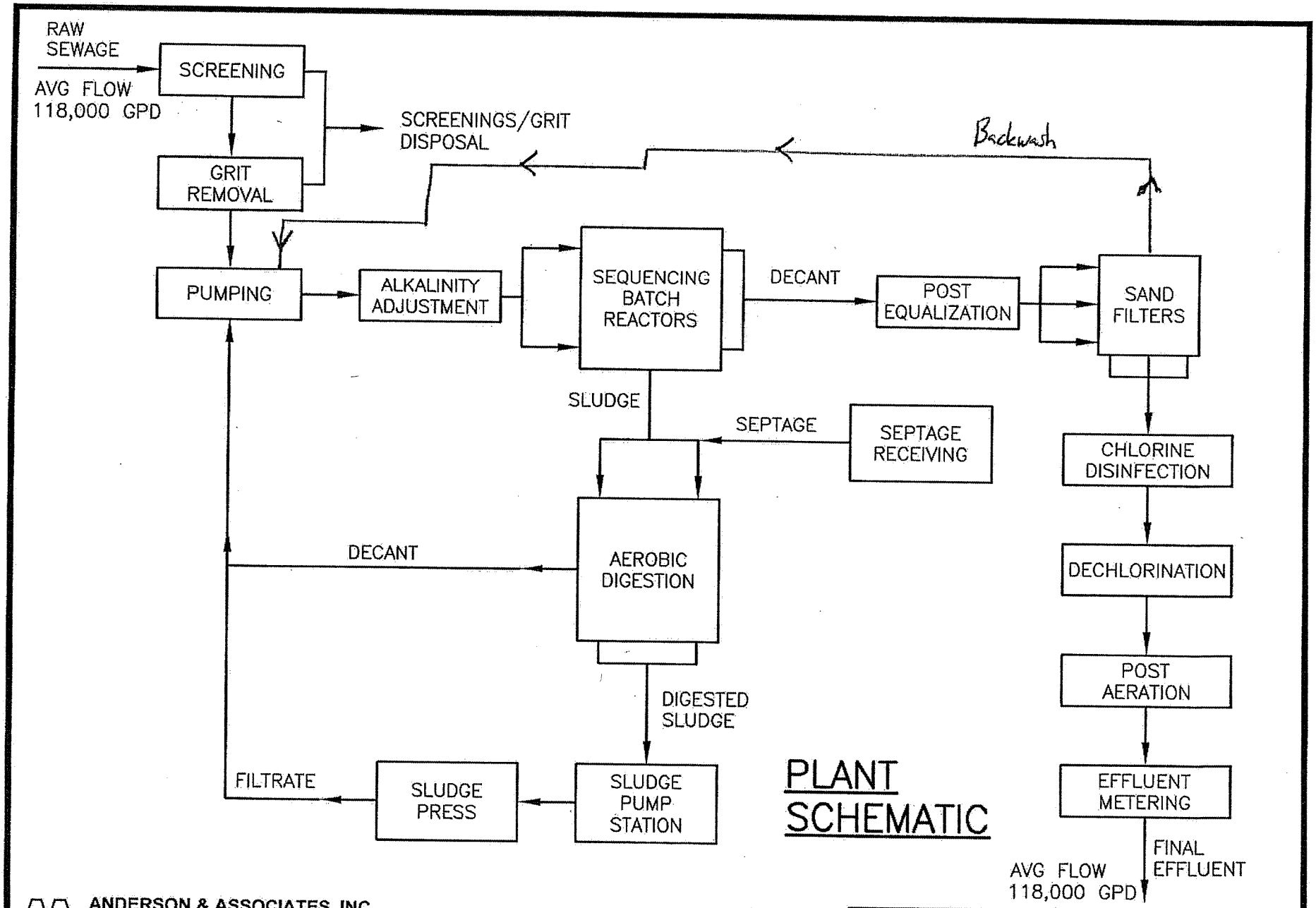
   10 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ___Continuous X Intermittent ___Seasonal
   Describe frequency and duration of intermittent or seasonal discharges:
   SBR - Ten discharge per day at equal intervals.

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
   X Permanent stream, never dry
   __ Intermittent stream, usually flowing, sometimes dry
   __ Ephemeral stream, wet-weather flow, often dry
   __ Effluent-dependent stream, usually or always dry without effluent flow
   __ Lake or pond at or below the discharge point
   __ Other: _____

9. **Approval Date(s):**
   O & M Manual _____ **Sludge/Solids Management Plan** _____

   Have there been any changes in your operations or procedures since the above approval dates? Y (N)



PLANT SCHEMATIC

ANDERSON & ASSOCIATES, INC.
Professional Design Services
www.andassoc.com
Virginia - North Carolina - Tennessee
100 Ardmore St.
Blacksburg, Va. 24060
540-552-5592

FIGURE 2

DRAWN	SCALE	DATE	DOCUMENT NO.
KEL	NTS	23 JUL 01	16145-A-6

caldwell / Jul 28, 2008 2:38pm / Ferrum_WWTP_schematic.dwg: Model

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DATE : 25 JUN 08
DESIGNED:
DRAWN :
CHECKED :
QA / QC :

REVISIONS:

FERRUM WATER & SEWER AUTHORITY
FERRUM, VIRGINIA

WASTEWATER PLANT & COLLECTION SYSTEM
MAP

DOCUMENT NO. 23768

SHEET 1 OF 1

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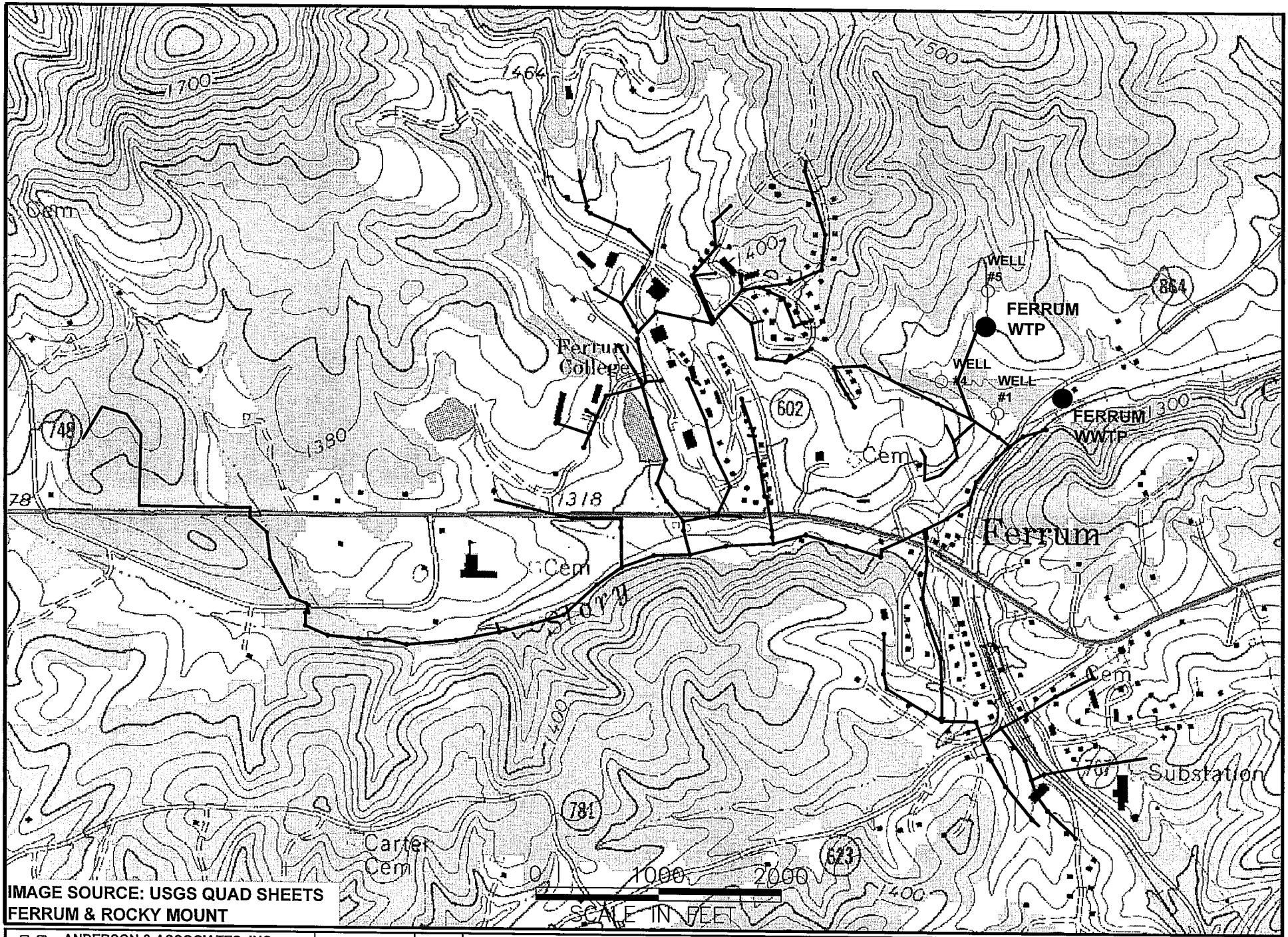

IMAGE SOURCE: USGS QUAD SHEETS
FERRUM & ROCKY MOUNT

ANDERSON & ASSOCIATES, INC. Professional Design Services www.andassoc.com VA - NC - TN - WV 100 Ardmore St. Blacksburg, Va. 24060 540-552-5592	DATE : 28 JUL 08 DESIGNED: SEC DRAWN : SEC CHECKED : SEC QA / QC :	REVISIONS:	FERRUM WATER & SEWER AUTHORITY FERRUM, VIRGINIA	WWTP LOCATION	DOCUMENT NO. 23678 SHEET 1 OF 1

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00292540 1

FACILITY NAME: Ferrum Water + Sewage Authority VPDES PERMIT NUMBER:

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? _X_Yes _No

   Does this facility derive a material from sewage sludge? _Yes _X_No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? _Yes _X_No

   Is sewage sludge from this facility applied to the land? _Yes _X_No

   If you answer No to all above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   _Yes _No

   b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land? _Yes _No

   c. Is sewage sludge from this facility sent to another facility for treatment or blending? _Yes _No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? _Yes X No

   If Yes, complete Section D (Surface Disposal).

FACILITY NAME:_____ **VPDES PERMIT NUMBER:**

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Ferrum Water and Sewage Authority
   b. Contact person: James "J.J." G. Keith II
      Title: Plant Administrator
      Phone: (540) 365-2193
   c. Mailing address:
      Street or P.O. Box: P.O. Box 40
      City or Town: Ferrum State: VA Zip: 24088
   d. Facility location:
      Street or Route #: 330 Old Ferrum Road
      County: Franklin
      City or Town: _____ State: _____ Zip:
   e. Is this facility a Class I sludge management facility? __Yes X No
   f. Facility design flow rate: 0.400 MGD mgd
   g. Total population served: 5,000
   h. Indicate the type of facility:
      X Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name:
   b. Mailing address:
      Street or P.O. Box:
      City or Town: _____ State: _____ Zip:
   c. Contact person:
      Title:
      Phone: ( )
   d. Is the applicant the owner or operator (or both) of this facility?
      _____owner _____ operator
   d. Should correspondence regarding this permit be directed to the facility or the applicant?
      _____ facility _____ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): 002925401
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
002925401	VPDES Permit

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes __X__No If yes, describe:

FACILITY NAME:_____ **VPDES PERMIT NUMBER:**

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes ___No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name:
Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip:
Phone: ( )
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

_X___Section A (General Information)
__X__Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
____Section C (Land Application of Bulk Sewage Sludge)
____Section D (Surface Disposal)

FACILITY NAME:_____ **VPDES PERMIT NUMBER:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title James G. Keith II, Plant Administrator

Signature _____ Date Signed 7-7-08

Telephone number 540-365-2193

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Ferrum STP VPDES PERMIT NUMBER:

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: 105 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. No sewage sludge received from offsite.
   a. Facility name:
   b. Contact Person:
      Title:
      Phone (
   c. Mailing address:
      Street or P.O. Box: P
      City or Town: State Zip
   d. Facility Address:
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility:_____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
      No forms of treatment and/or blending other than mixing in with municipal waste at landfill.

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      ___Class A __X_ Class B ___Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Sludge is added to aerobic digester to achieve vector reduction before processing

   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      ___ Option 1 (Minimum 38 percent reduction in volatile solids)
      ___ Option 2 (Anaerobic process, with bench-scale demonstration)
      _X_ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      _X_ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      ___ None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: Sludge is added to aerobic digester to achieve vector reduction before processing

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

_____ dry metric tons

b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
__Yes _X_No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.
(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name:

b. Facility contact:
Title:
Phone: ( )

c. Mailing address:
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:_____ dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
_____	
_____	

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? __Yes __No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
__Class A __Class B __Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? __Yes __No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
__ Option 1 (Minimum 38 percent reduction in volatile solids)
__ Option 2 (Anaerobic process, with bench-scale demonstration)
__ Option 3 (Aerobic process, with bench-scale demonstration)
__ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
__ Option 5 (Aerobic processes plus raised temperature)
__ Option 6 (Raise pH to 12 and retain at 11.5)
__ Option 7 (75 percent solids with no unstabilized solids)
__ Option 8 (90 percent solids with unstabilized solids)
__ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
__Yes __No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

FACILITY NAME:_____ **VPDES PERMIT NUMBER:**

9. Incineration.

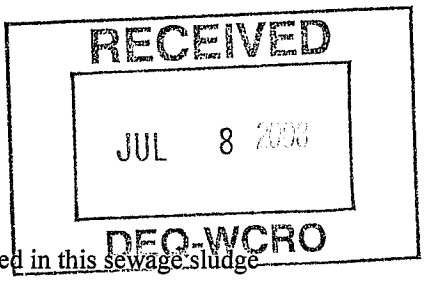
(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___Yes ___No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Incinerator Owner ___Incinerator Operator



e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
Permit Number: Type of Permit:
_____
_____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Franklin County Landfill

b. Contact person: Barry Sink
Title: Supervisor
Phone: (540) 489-1600
Contact is: ___Landfill Owner X Landfill Operator

c. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

d. Landfill location.
Street or Route #: State Route 220
County: Franklin
City or Town: Rocky Mount State: VA Zip: 24088

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
105 dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: Type of Permit:

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
X Yes ___No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? X Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? X Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. The route will begin at the treatment plant on St. Rt. 864. A left on St Rt. 40 East toward Rocky Mount. Right on Pleasant Hill Road to St. Rt. 220 south.

Landfill is located on St Rt. 220 N. Total distance approx. 15 miles. Sludge is transported Monday thru Friday 9 a.m. to 4 p.m.